

NCIC Unidentified Person Dental Report

SECTION 1

ME/Coroner Case#: _____ Case #: _____ NCIC #: _____

Completed by: _____ Date Completed: _____ Email Address: _____

Address: _____

Telephone #: _____ X-Rays Available? ☐ Yes ☐ No

Dental Models Available? ☐ Yes ☐ No Dental Photographs Available? ☐ Yes ☐ No

SECTION 2

DENTAL CHARACTERISTICS

<u>Upper Right</u>		<u>Lower Left</u>
01 (18) _____		17 (38) _____
02 (17) _____		18 (37) _____
03 (16) _____		19 (36) _____
04 (15) _____		20 (35) _____
05 (14) _____		21 (34) _____
06 (13) _____		22 (33) _____
07 (12) _____		23 (32) _____
08 (11) _____		24 (31) _____
<u>Upper Left</u>		<u>Lower Right</u>
09 (21) _____		25 (41) _____
10 (22) _____		26 (42) _____
11 (23) _____		27 (43) _____
12 (24) _____		28 (44) _____
13 (25) _____		29 (45) _____
14 (26) _____		30 (46) _____
15 (27) _____		31 (47) _____
16 (28) _____		32 (48) _____

(Numbers in
parenthesis
represent FDI
System.)

SECTION 3

DENTAL CODES

X = Tooth has been removed or did not develop

V = Tooth is unrestored or no information (Default Code)

M = Mesial Surface Restored

O = Occlusal/Incisal Surface Restored

D = Distal Surface Restored

F = Facial or Buccal Surface Restored

L = Lingual Surface Restored

C = Lab Processed or Prefabricated Restoration

R = Endodontic Treatment

/ = Tooth present but clinical crown missing (i.e. fractured)*

(*The code "/" is used differently for the Missing Person Dental Report)

SECTION 4

DENTAL REMARKS

☐ **ALL** (All 32 teeth are present and unrestored) ☐ **UNK** (No dental information available)
